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| Division  | of Health Service Re  | gulation   |            |   | OVER CHIEF OF THE CONTRACT |  |  |  |  |
|---|---|--|------------|---|----------------------------|--|--|--|--|
| STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA       |   | (X2) MULTIPLE CONSTRUCTION                                   |            | (X3) DATE SURVEY<br>COMPLETED   |                            |  |  |  |  |
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER:               |   | A, BUILDING: 01  |            | 44111   |                            |  |  |  |  |
|   |   | ,  |            |   |                            |  |  |  |  |
|   | 1   | HAL020002  | B. WING    |   | 01/27/2016                 |  |  |  |  |
|   |   |  | DRESS CITY | STATE, ZIP CODE   |                            |  |  |  |  |
| NAME OF P   | ROVIDER OR SUPPLIER   |  |            | and a service and products of the service and   |                            |  |  |  |  |
| CAROLINA CARE HOME # 2 4025 PIGAH ROAD<br>ANDREWS, NG 28901 |   |  |            |   |                            |  |  |  |  |
|   |   |  |            | PROVIDER'S PLAN OF CORRECT  | ON (X5)                    |  |  |  |  |
| (X4) ID   | SUMMARY STA   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL         | PREFIX     | CACH CORRECTIVE ACTION SHOUL  | D BE COMPLETE              |  |  |  |  |
| TAG   | REQULATORY OR L   | SO IDENTIFYING INFORMATION)                                  | TAG        | OROSS-REFERENCED TO THE APPRO<br>DEFICIENCY)  |                            |  |  |  |  |
|   | '   |  |            | 0.1   | - 0 'A '                   |  |  |  |  |
| C 000   | Initial Comments  |  | C 000      | Building + All fire of<br>ment I plambing must<br>be maintained in a safe +                             | 10. F                      |  |  |  |  |
|   | 00 Initial Comments   |  |            | Build By Jan bive must  | A-101945                   |  |  |  |  |
|   | Report of Biannial  | Construction Survey by Dennis                                |            | went + fromung  | an aratio                  |  |  |  |  |
|   | Harrell on 1-27-20  | 16.  |            | maintained in a safe T  | 7-3                        |  |  |  |  |
|   | '   |  |            | 62 /1/201   |                            |  |  |  |  |
|   | Records indicate this facility was first licensed on  |  |            |   |                            |  |  |  |  |
|   | 7-1-1969, for 12 residents. Therefore the facility must meet the 1971 and the applicable portions of the 2005 Rulés for the Licensing of Adult Care Homes, and the 1967 N.C. State Building Code(s), section 409.1 Institutional Occupancy. |  |            | There will be conting   | ye i                       |  |  |  |  |
|   |   |  |            | The water make sun  | ٤                          |  |  |  |  |
|   |   |  |            | monitoring to make sure   | A System 4/10/14           |  |  |  |  |
|   |   |  |            | Morm is not sile  | Le make 4/10114            |  |  |  |  |
|   | Code(s), section 4  | Ob. 1 maticulorial Occupancy.                                |            | all la pot in flaco   | a production of            |  |  |  |  |
| 0.400   | 5. W. din   | A Maintained Safe, Operating                                 | G 189      | Will Ou systems W   | 777                        |  |  |  |  |
| C 189   | Building Equipmer   | t Maintained Safe, Operating                                 |            | GUIC MAIN WILLIAMS  | dound it was               |  |  |  |  |
|   | SECTION 0300 -  | PHYSICAL PLANT   |            | Marm is not silenced. I<br>will be pot in place to<br>sure Alarm systems we<br>never be IN silenced     | .   '                      |  |  |  |  |
|   | SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER  |  | i          | us and Fared of the   |                            |  |  |  |  |
|   | REQUIREMENTS  |  |            | Holes & penetrations fre not seeded with five noted construction that in the caling fanitors claset & h | 11. + 4/15/14              |  |  |  |  |
|   | <ul> <li>(a) The building and all fire safety, electrical,</li> </ul>   |  |            | I have fines  | that 411116                |  |  |  |  |
|   | mechanical, and plumbing equipment in an adult  |  |            | Holes & Penetralia  | 1hu                        |  |  |  |  |
|   | care home shall be maintained in a safe and   |  |            | are not segled with   | 77,2                       |  |  |  |  |
|   | operating condition.  |  |            | anted construction  | Marie .                    |  |  |  |  |
|   | (k) This Rule shell apply to new and existing   |  |            | file with the caling  | in ,                       |  |  |  |  |
|   | facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  |  |            | Hale In the   | le en                      |  |  |  |  |
|   | which shall not apply to existing facilities.   |  |            | danitors claset 4   | 1 .1                       |  |  |  |  |
| 1   |   |  |            | in wall in laune  | luj at                     |  |  |  |  |
|   | This Rule is not n  | net as evidenced by:   | 1          | The the market with   | <i>-</i> '                 |  |  |  |  |
|   | <ol> <li>Based on obse</li> </ol>   | rvation, the fire alarm panel                                |            | in wall in laund  | <b>'</b>                   |  |  |  |  |
| l   | was indicating an   | "Alarm Silenced" condition.                                  |            | to live from  | 76                         |  |  |  |  |
|   | Based on intervio   | w with staff, the alarm had gone                             | '          | periore of f  |                            |  |  |  |  |
|   | off during a power  | failure last week and was                                    |            | auckly spalacens.   |                            |  |  |  |  |
|   | "probably silenced  | t by staff." The onsite staff<br>n system before it could be |            | The time 142  | ادم                        |  |  |  |  |
|   | texted to determin  | ne if a new alarm condition will                             |            | sam Ryales  | 1                          |  |  |  |  |
|   | cause the sounding  | ng devices to actuate while the                              |            | aganked by Kare   | 1                          |  |  |  |  |
|   | system is silence   | d. Fire alarm systems must                                   | 1          | Color Carlando Hoos   | No.                        |  |  |  |  |
|   | NEVER be left in  | an alarm silenced condition.                                 | 1          | KADON DELLEN  |                            |  |  |  |  |
|   |   |  |            | speriod a fire from anickly apreciding.  Observe kystera was checked by Robert from Sounds House        |                            |  |  |  |  |
|   | 2. Based on obse  | ervation the required one-hour                               |            | C.KECKAO.   |                            |  |  |  |  |
|   | fire rated walls ar   | id/or ceilings were compromised                              | 0          |   |                            |  |  |  |  |
|   |   | ns. Holes and penetrations that                              |            |   |                            |  |  |  |  |
| Division of<br>LARCRATO                                     | Health Service Regulation   | ON<br>VIDER/SUPPLIER REPRESENTATIVE'S ST                     | MATERIAL - | 2/). <del></del>  | www.jotthys.com/re-        |  |  |  |  |

Virginia Ma Clure administrator

# somenuation sheet 1 of 2

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| Division of Health Service Regulation                                     |  |  |                     |   |               |  |  |  |  |
|---|--|--|---------------------|---|---------------|--|--|--|--|
| AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: 01  |                     | (X3) DATE SURVEY<br>COMPLETED   |               |  |  |  |  |
|   |  | HAL020002  | B. WING             |   | 01/27/2016    |  |  |  |  |
| NAME OF F   | ROVIDER OR SUPPLIER  | STREET ADO   | DRESS, CITY, S      | STATE, ZIP GODE   |               |  |  |  |  |
| CAROLINA CARE HOME # 2 4025 PIGAH ROAD ANDREWS, NC 28901                  |  |  |                     |   |               |  |  |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) |  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROV<br>DEFICIENCY) | D BE COMPLETE |  |  |  |  |
| C,189   | Continued From page 1  |  | C 189               |   |               |  |  |  |  |
|   | one-hour fire rated<br>possibility that a fire<br>quickly spread to ot<br>Findings include:<br>a. Hole in the ceilin   | materials approved for use in construction present the that begins in one space can her areas of the facility.  In the janitor closet, undry at a thermostat wire. |                     |   |               |  |  |  |  |
|   |  |  |                     |   |               |  |  |  |  |
| <i>)</i>  |  | ,  |                     |   |               |  |  |  |  |
| ,   | ,  |  |                     |   |               |  |  |  |  |
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|   | ,  |  |                     |   |               |  |  |  |  |
|   |  |  |                     |   |               |  |  |  |  |
|   |  |  |                     |   |               |  |  |  |  |

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